

FROM McANDREWS, HELD, & MALLOY

(THU) 9. 22' 05 12:21/ST. 12:21/NO. 4861050069 P 1



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TO: Examiner Md S. Elahee
Group Art Unit 2645

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772

MATTER: 15981US01

Number of Pages This Transmission (Including Cover Page): 7

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Michael T. Cruz
Michael T. Cruz
Reg. No. 44,636

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PTO/SB/21 (09-04)

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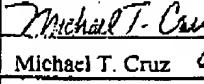
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TRANSMITTAL FORM		Application Number	09/924,308	
(to be used for all correspondence after initial filing)		Filing Date	August 6, 2001	
		First Named Inventor	J. Hillyard	RECEIVED
		Art Unit	2645	CENTRAL FAX CENTER
		Examiner Name	Md S. Elahee	SEP 22 2005
Total Number of Pages in This Submission	6	Attorney Docket Number	15981US01	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Michael T. Cruz		
Date	September 22, 2005		

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to Examiner Md S. Elahee at the United States Patent and Trademark Office, fax No. 571 273 8300, on September 22, 2005.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature			Date
			September 22, 2005

FROM McANDREWS, HELD, & MALLOY

(THU) 9.22' 05 12:21/ST. 12:21/NO. 4861050069 P 3

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**Effective on 12/08/2004.**
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **950.00****METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

 Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
-20 or HP	x	=		50	25
HP = highest number of total claims paid for, if greater than 20				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
-3 or HP	x	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal filing fee \$500.00; 2-mo. ext. of time \$450

950

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312)775-8000
Name (print/type)	Michael T. Cruz			Date	September 22, 2005